



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
SOLID WASTE FACILITY PERMIT CHARACTER DISCLOSURE STATEMENT
GOOD CHARACTER FORM SWF-7

This form shall be used to submit the good character disclosure statement required by IC 13-19-4 for obtaining a solid waste facility permit. Upon completion submit this form with all additional material to the following address:

**ATTENTION: Solid Waste Facility Permit Character Disclosure
Office of Land Quality
Indiana Department of Environmental Management
100 North Senate Avenue Suite 1154
P.O. Box 6015
Indianapolis, Indiana 46206-6015**

SECTION A: FACILITY INFORMATION

Facility Name	_____			
Mailing Address	_____			
	Street	_____		
	City	County	State	Zip

This statement is for the purposes of:

- ☐ A new permit
- ☐ A permit modification
- ☐ A permit renewal
- ☐ A permit transfer

SECTION B: APPLICANT INFORMATION

The applicant may be an individual, a corporation, a partnership, or a business association that applies for the issuance, renewal, transfer, or major modification of a permit described in IC 13-15-1-3. Each applicant shall complete the following information; attach additional pages as necessary.

Applicant Name	_____			
Business Address	_____			
	Street	_____		
	City	County	State	Zip
Social Security Number (or Federal Tax Number if Applicant is not an individual)	_____			

SECTION C: RESPONSIBLE PARTY INFORMATION

A responsible party may be an officer, a corporation director, or a senior management official of a corporation, partnership, or business association that is an applicant. A responsible party may also be an individual, a corporation, a partnership, or a business association that owns, directly or indirectly, at least a twenty percent (20%) interest in the applicant. Each responsible party shall complete the following information; attach additional pages as necessary.

Responsible Party Name				
Business Address				
	Street			
	City	County	State	Zip
Social Security Number (or Federal Tax Number if Applicant is not an individual)				
Relationship to Applicant				

Responsible Party Name				
Business Address				
	Street			
	City	County	State	Zip
Social Security Number (or Federal Tax Number if Applicant is not an individual)				
Relationship to Applicant				

Responsible Party Name				
Business Address				
	Street			
	City	County	State	Zip
Social Security Number (or Federal Tax Number if Applicant is not an individual)				
Relationship to Applicant				

SECTION D: DISCLOSURE STATEMENT

Each Applicant and Responsible Party identified in Sections B and C shall complete a separate Section D and Section E. The Section D requirement may be satisfied by providing all information required by either Section D1 or Section D2. Please indicate that the required item has been provided or does not apply by initialing in the space provided.

THIS DISCLOSURE STATEMENT IS PROVIDED FOR:

Name (print or type)_____

Acting as Applicant or Responsible Party (specify)_____

SECTION D1:

- A) The information concerning legal proceedings that is required under Section 13 or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78a et seq) and that the applicant or responsible party has reported under Form 10-K.

Not Applicable_____ Provided_____

- B) A description of all judgments that have been entered against the applicant or responsible party in a civil or administrative complaint for the violation of any state or federal environmental protection law and that have imposed upon the applicant or responsible party a fine or penalty of more than ten thousand dollars (\$10,000) within five (5) years before the date of the submission of the application.

Not Applicable_____ Provided_____

- C) A description of all judgments of conviction entered against the applicant or responsible party for the violation of any state or federal environmental protection law within five (5) years before the date of submission of the application.

Not Applicable_____ Provided_____

SECTION D2:

- A) A description of the applicant's or responsible party's experience in managing the type of waste that will be managed under the Permit. Include the name and business address for employers, the State Permit number for the facility, the type of work experience and the length of time employed.

Not Applicable_____ Provided_____

- B) A description of all civil or administrative complaints against the applicant or responsible party for the violation of any state or federal environmental protection law that have resulted in a fine or penalty of more than ten thousand dollars (\$10,000) within five (5) years before the date of the submission of the application.

Not Applicable_____ Provided_____

- C) A description of all civil or administrative complaints against the applicant or responsible party for the violation of any state or federal environmental protection law that allege an act or omission that constitutes a material violation of state or federal environmental protection law and that presented a substantial endangerment to public health or the environment.

Not Applicable_____ Provided_____

- D) A description of all pending criminal complaints alleging the violation of any state or federal environmental protection law that have been filed against the applicant or responsible party within five (5) years before the date of submission of the application.

Not Applicable_____ Provided_____

- E) A description of all judgments of criminal conviction entered against the applicant or responsible party within five (5) years before the date of submission of the application for the violation of any state or federal environmental law.
- Not Applicable_____ Provided_____
- F) A description of all judgments of criminal conviction of a felony constituting a crime of moral turpitude under the laws of any state or the United States that are entered against the applicant or responsible party within five (5) years before the date of submission of the application.
- Not Applicable_____ Provided_____
- G) The location of all facilities at which the applicant or responsible party manages the type of waste that would be managed under the permit to which the application refers. Include the facility name, business address, any permit numbers and the type of facility.
- Not Applicable_____ Provided_____
- H) The following information will be used by IDEM to complete a Request for Limited Criminal History Information if additional information concerning an operator or responsible party is determined to be necessary.

Date of birth_____ Sex_____ Race_____

SECTION E: SIGNATORIES

I affirm that all information contained in this disclosure statement and any attachments is, to the best of my knowledge, true and accurate. I also realize that any information provided in this disclosure statement that was knowingly incorrect may subject me to the penalty for perjury under IC 35-44-2-1.

APPLICANT/RESPONSIBLE PARTY

DATE

ACKNOWLEDGMENT

State of _____)
County of _____)SS

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ known by me to be the person who executed the foregoing instrument, signed the same and acknowledged to me that he/she did so sign the same, and that his/her free act and deed and that the statements made in the foregoing instrument are true.

IN WITNESS WHEREOF, I have set my hand and official seal this _____ day
of _____, 20_____.

I am a resident of _____ County, _____

Notary Public

My Commission Expires: